

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 140 OF 246  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American College of Surgeons Professional Association PAC**

Full Name (Last, First, Middle Initial)

**A. Sharon Elizabeth Moran**

Mailing Address 8 Prospect St

City

Honolulu

State

HI

Zip Code

96813-1742

FEC ID number of contributing  
federal political committee.

C

Name of Employer

The Queen's Medical Center

Occupation

Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 26 / 2013

Transaction ID : 044EF96D-8243-4454-

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Mark Daniel Morasch**

Mailing Address 2900 12th Ave N

St. Vincent Healthcare

City

Billings

State

MT

Zip Code

59101-7506

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mark D. Morasch, MD

Occupation

Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

12 / 31 / 2013

Transaction ID : 99D6867273357ADEE5E

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Lee R. Morisy**

Mailing Address 6025 Walnut Grove Rd

Ste 201

City

Memphis

State

TN

Zip Code

38120-2122

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

08 / 13 / 2013

Transaction ID : 71268EA208B756F1FAE

Amount of Each Receipt this Period

2500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

3250.00